PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/695,182-Conf. #4300	
Filing Date	October 28, 2003	
First Named Inventor	Volker Kronseder	
Art Unit	3727	
Examiner Name	Robin Annette Hylton	
Attorney Docket Number	30071/320094	

	EN	CLOSURES (Check all th	at appl	y)
Fee Transr	mittal Form	Drawing(s)		After Allowance Communication to TC
Fee /	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
X Amendmer	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After	Final	Petition to Convert to a Provisional Application		Proprietary Information
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Add	dress	Status Letter
Extension of	of Time Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):
Express At	pandonment Request	Request for Refund		
Information	Disclosure Statement	CD, Number of CD(s)		
Certified Co	opy of Priority (s)	Landscape Table on CD	>	
	issing Parts/ Application	Remarks		
	y to Missing Parts under FR 1.52 or 1.53			
	SIGNAT	URE OF APPLICANT, ATTORN	EY, OR	AGENT
Firm Name	MARSHALL, GERS	TEIN & BORUN LLP		
Signature	Curas Thou	upla		
Printed name	Bryan J. Lempia			
Date	June 17, 2005	R	eg. No.	39,746

	espondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in MS Amendment, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the date
shown below.	Canan Shound is
	(DAMAUNTALIA)

Dated: June 27, 2005

Signature: W/W/WWX / WMW/ G

.00	ENDMENT 7	ΓRANSMI	TTAL LE	TTER	Docket 30071/32	
• •	tion No.	Filing [Examiner		rt Unit
	Conf. #4300	October 2	8, 2003	Robin Annette H	ylton	3727
Applicant(s): V	olker Kronseder	et al.			· 	
nvention: AS V		HOD AND DE		R, A BLANK FOR A PPLICATION OF A I		
	TC	THE COMMI	SSIONER FO	OR PATENTS		
Transmitted he	erewith is an ame	ndment in the	above-identif	ied application.		
The fee has be	en calculated an	d is transmitted	d as shown b	elow.		
			S AS AMENI	DED		
	Claims Remaining After	Highest Number Previously Paid	Number Extra Claims Present	Rate		
	Amendment					
Total Claims	Amendment 21	- 35 =		х		
Independent Claims		- 35 = - 3 =	e)	x x		
Independent Claims Multiple Depo	21 2 endent Claims (ch	- 35 = - 3 = eck if applicabl				000
Independent Claims Multiple Depo Other fee (ple	21 2 endent Claims (chease specify):	- 35 = - 3 = eck if applicabl			(0.00
Independent Claims Multiple Dependent Other fee (please) TOTAL ADD X Large Enter	21 2 endent Claims (che ease specify):	- 35 = - 3 = eck if applicabl	NDMENT:).00
Independent Claims Multiple Depe Other fee (ple TOTAL ADD X Large En	21 2 endent Claims (chease specify): DITIONAL FEE Fo	- 35 = - 3 = eck if applicable OR THIS AME	NDMENT:	x . Small Entity		0.00
Independent Claims Multiple Dependent Other fee (pleton) TOTAL ADD X Large Enter X No addition Please ch	21 2 endent Claims (che ease specify): OITIONAL FEE Folity onal fee is require earge Deposit Access	- 35 = - 3 = eck if applicable OR THIS AME	NDMENT:			0.00
Independent Claims Multiple Depe Other fee (ple TOTAL ADE x Large En x No addition Please ch A duplica	21 2 endent Claims (che ease specify): OITIONAL FEE Form City Onal fee is required the copy of this shows	- 35 = - 3 = eck if applicable OR THIS AME ed for this americant No. eet is enclosed	NDMENT: ndment. i	Small Entity).00
Independent Claims Multiple Depe Other fee (ple TOTAL ADE X Large En X No addition Please ch A duplica A check i	21 2 endent Claims (che ease specify): DITIONAL FEE Formula fee is required the copy of this shown the amount of \$	- 35 = eck if applicable OR THIS AME ed for this americant No. eet is enclosed	NDMENT: ndment. i	x . Small Entity		0.00
Independent Claims Multiple Dependent Other fee (plendent) X Large Enter X No addition Please chance duplicate A check in Payment	21 2 endent Claims (chease specify): DITIONAL FEE Formula fee is required to copy of this shown the amount of \$ by credit card. F	- 35 = - 3 = eck if applicable OR THIS AME ed for this americant No. eet is enclosed orm PTO-2038	NDMENT: ndment. id. to cover is attached.	Small Entity In the amount of \$ The filing fee is encl	losed.	
Independent Claims Multiple Dependent Other fee (plendent) X Large Enter X No addition Please chance duplica A check in Payment X The Direct as describe	endent Claims (che ease specify): OITIONAL FEE Formula fee is required to ease to eas	- 35 = - 3 = eck if applicable OR THIS AME ed for this americant No. eet is enclosed form PTO-2038 horized to characterized	NDMENT: ndment. i i to cover is attached. ge and credit	Small Entity In the amount of \$ the filing fee is encl	losed.	
Independent Claims Multiple Dependent Other fee (pleton) X Large Enton X No addition Please chance dependent A check in Payment X The Direct as described. X Credi	endent Claims (che ease specify): DITIONAL FEE Formula fee is required to the copy of this should be copy of this should be copy autional fee is required to the amount of \$100 to the copy of this should be	- 35 = - 3 = eck if applicable OR THIS AME ed for this americant No. eet is enclosed form PTO-2038 horized to charallicate copy of the co	NDMENT: ndment. id. to cover is attached. ge and credit this sheet is	Small Entity In the amount of \$ the filing fee is encluded to Deposit Account Note the enclosed.	losed. o. 13-285	· 5
Independent Claims Multiple Dependent Other fee (plendent) X Large Enter X No addition Please chance dependent A check in Payment X The Direct as described.	endent Claims (che ease specify): DITIONAL FEE Formula fee is required to the copy of this should be copy of this should be copy autional fee is required to the amount of \$100 to the copy of this should be	- 35 = - 3 = eck if applicable OR THIS AME ed for this americant No. eet is enclosed form PTO-2038 horized to charallicate copy of the co	NDMENT: ndment. id. to cover is attached. ge and credit this sheet is	Small Entity In the amount of \$ the filing fee is encl	losed. o. 13-285	· 5

Chicago, Illinois 60606-6357

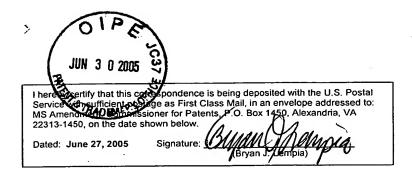
(312) 474-6300

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 27, 2005

Signature:

(Bryan J. Lempia)



Docket No.: 30071/32009A

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Provisional Application of:

Volker KRONSEDER et al.

Application No.: 10/695,182

Confirmation No.: 4300

Examiner: Robin Annette Hylton

Filed: October 28, 2003

Art Unit: 3727

For: BEVERAGE CAN WITH A PROTECTIVE

COVER, A BLANK FOR A PROTECTIVE COVER, AS WELL AS A METHOD AND

DEVICE FOR APPLICATION OF A

PROTECTIVE COVER TO BEVERAGE CANS

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated March 25, 2005, please amend the aboveidentified U.S. patent application as follows:

Amendments to the Specification begin on Page 2 of this paper.

Amendments to the Abstract begin on Page 3 of this paper.

Amendments to the Claims begin on Page 4 of this paper.

Remarks/Arguments begin on Page 8 of this paper.